

1720
\$

Atty. Dkt. No. 016912-0207



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Yasuo MORIMOTO et al.

Title: SIDE EFFECT-RELIEVING AGENTS AND/OR
HYPOGLYCEMIC EFFECT ENHANCERS
FOR THIAZOLIDINE COMPOUNDS

Appl. No.: 10/772,587

Filing Date: 2/6/2004

Examiner: Susan D. Coe

Art Unit: 1655

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

☐ Assertion of Small Entity status is enclosed.

☒ The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	30	-	20	=	10	x	\$50.00	=	\$500.00
Independent Claims:	4	-	3	=	1	x	\$200.00	=	\$200.00
First presentation of any Multiple Dependent Claims:							+	\$360.00	= \$0.00
CLAIMS FEE TOTAL									= \$700.00

☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$120.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$450.00	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,020.00	\$0.00
EXTENSION FEE TOTAL:		\$0.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$700.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:		\$700.00

☒ A check in the amount of \$700.00 to cover the additional claims fee is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 11/2/05

FOLEY & LARDNER LLP
Customer Number: 22428
Telephone: (202) 672-5414
Facsimile: (202) 672-5399

By 

neg # 43,445
for Richard L. Schwaab
Attorney for Applicant
Registration No. 25,479



Atty. Dkt. No. 016912-0207

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Yasuo MORIMOTO et al.

Title: SIDE EFFECT-RELIEVING AGENTS AND/OR
HYPOGLYCEMIC EFFECT ENHANCERS
FOR THIAZOLIDINE COMPOUNDS

Appl. No.: 10/772,587

Filing Date: 2/6/2004

Examiner: Susan D. Coe

Art Unit: 1655

AMENDMENT AND REPLY UNDER 37 CFR 1.111

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This communication is responsive to the Non-Final Office Action dated August 8, 2005, concerning the above-referenced patent application.

Amendments to the Abstract are presented as a new Abstract attached to this document for insertion after the claim pages of the application (or to replace the previously submitted Abstract).

Amendments to the Specification begin on page 2 of this document.

Amendments to the Claims are reflected in the listing of claims which begins on page 4 of this document.

Remarks/Arguments begin on page 9 of this document.

Please amend the application as follows:

11/03/2005 HALI11 00000151 10772587

01 FC:1201
02 FC:1202

200.00 OP
500.00 OP